

JAN 11 2006

PTO/SB/21 (02-04)

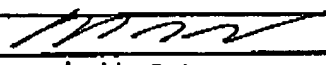
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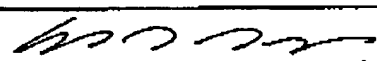
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,630	
	Filing Date	August 6, 2003	
	First Named Inventor	KENNEDY	
	Art Unit	3764	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	5865-18-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): copy of Applicant's birth certificate
Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark D. Passler, Registration No. 40,784 Akerman Senterfitt
Signature	
Date	1-11-06

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Mark D. Passler
Signature	
Date	1-11-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of KENNEDY et al.

Application No.: 10/635,630

Examiner:

Date Filed: August 6, 2003

Group: 3764


For: MESSAGE DEVICE

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PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)CERTIFICATE OF TRANSMISSION/MAILING

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 Reg. No. 40,764
Mark D. Passler

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.102 and MPEP 708.02, paragraph IV, Applicants hereby petition to make special for an advancement of examination the above-referenced patent application. Pursuant to 37 C.F.R. §1.102(c) no statutory fee is required for this Petition. However, the Commissioner is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees paid on the filing, or during prosecution of this application to Deposit Account No. 50-0951.


In accordance with the provisions of 37 CFR §1.102(c) and MPEP 708.02, paragraph IV, entitled "APPLICANTS AGE" Applicants respectfully request advancement of examination for the above-referenced patent application. One of the named inventors, Inventor Melvin R.

Kennedy, was born on August 22, 1940. Accordingly, the age of Applicant Melvin R. Kennedy is currently 65, which fulfills the statutory requirement under 37 CFR §1.102(c) for an applicant to be 65 years of age or older. A copy of Applicant Melvin R. Kennedy's birth certificate is enclosed as evidence of his age.

Applicants respectfully request a timely grant of this petition to make special for an advancement of examination under 37 CFR §1.102(c) and MPEP 708.02.

Respectfully submitted,

Date: 1-11-06


Mark D. Passler
Registration No. 40,764
AKERMANTENTERFITT
P.O. Box 3188
West Palm Beach, FL 33401-3188
Telephone: (561) 653-5000
Facsimile: (561) 659-6313

Docket No. 6865-18-1

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD
 COUNTY of TULARE
 VISALIA, CALIFORNIA

DISTRICT No. 5454 REGISTRAR'S No. 67

1. **MELVIN RAY KENNEDY** **GERDES**

2. PLACE OF BIRTH: (a) COUNTY Tulare
 (b) CITY OR TOWN Strathmore - Rural
 (c) NAME OF HOSPITAL OR INSTITUTION At Home - Strathmore
 (d) MOTHER'S STATE BEFORE DELIVERY: California
 (e) MOTHER'S CITY OR TOWN BEFORE DELIVERY: Strathmore
 (f) MOTHER'S STREET AND NUMBER: Rural

3. USUAL RESIDENCE OF MOTHER: California
 (a) COUNTY Tulare
 (b) CITY OR TOWN Strathmore
 (c) STREET AND NUMBER: Rural

4. SEX Male 5. TWIN OR TRIPLET NO

6. DATE OF BIRTH August 22, 1940

7. FATHER OF CHILD: Stanley Paul Kennedy
 (a) FULL NAME Stanley Paul Kennedy
 (b) COLOR OR RACE White
 (c) AGE AT TIME OF THIS BIRTH 26
 (d) LENGTH OF RESIDENCE IN CALIFORNIA 13 yrs
 (e) BIRTHPLACE California
 (f) USUAL OCCUPATION Rancher
 (g) INDUSTRY OR BUSINESS
 (h) CHILDREN BORN TO THIS MOTHER: 1
 (i) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW ALIVE: 0
 (j) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD: 0
 (k) HOW MANY CHILDREN WERE BORN DEAD: 0

8. MOTHER OF CHILD: Dorothy Elizabeth Gerdes
 (a) FULL NAME Dorothy Elizabeth Gerdes
 (b) COLOR OR RACE White
 (c) AGE AT TIME OF THIS BIRTH 23
 (d) BIRTHPLACE California
 (e) USUAL OCCUPATION Housewife
 (f) INDUSTRY OR BUSINESS
 (g) MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: Rt. 2, Box 224, Strathmore, Calif.

23. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THE CHILD AND WAS PRESENT AT THE TIME OF THE BIRTH OF THE CHILD ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY: Mrs. Kennedy Mother

24. DATE RECEIVED BY LOCAL REGISTRAR: 8/27/1940

25. REGISTRAR'S SIGNATURE: W. R. Means

26. GIVEN NAME ADDED: NO

27. (a) PRENATAL COMPLICATIONS OF: none
 (b) LABOR, COMPLICATIONS OF: none
 (c) WAS THERE AN OPERATION FOR DELIVERY? no STATE ALL OPERATIONS: NO
 (d) WAS A PROPHYLACTIC DRUG USED IN THE BIRTH? yes Neosilvol 10%
 (e) WAS A SCLEROSAL TEST MADE FOR SYPHILIS IN THE MOTHER? yes
 (f) IF SO, AT WHAT PERIOD OF GESTATION? 3
 (g) IF NOT, WHY NOT? NO

STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE
 BUREAU OF THE CENSUS

173275

STATE OF CALIFORNIA
 COUNTY OF TULARE

CERTIFIED COPY OF VITAL RECORDS

SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tulare County Registrar.

DATE ISSUED OCT 25 2002

Gregory S. Hardcastle
 GREGORY S. HARDCASTLE
 ASSESSOR-CLERK-RECORDER
 COUNTY OF TULARE

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE